



State of Connecticut  
Department of Public Safety  
Division of State Police

DPS-90-C (Rev. 04/03)

**CRIMINAL INFORMATION SUMMARY**☐ ADDITIONAL PAGES

<b>TROOP / UNIT:</b> WDMC		<b>OTHER INVOLVED AGENCY:</b> <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES,	
<b>DATE:</b> 11/13/2004	<b>TIME:</b> 1600	<b>INVESTIGATING TROOPER / OFFICER:</b> Det. Edwards	<b>DPS CASE NUMBER:</b> DPS-04-056828
<b>LOCATION OF INCIDENT (STREET NAME AND CITY/TOWN ONLY):</b> Naugatuck			
<b>SUMMARY OF INCIDENT OR AFFIDAVIT:</b> <input checked="" type="checkbox"/> ARREST MADE <input checked="" type="checkbox"/> UNDER INVESTIGATION Suspect was arrested for extortion as a result of investigation. Investigation is ongoing.			
<b>VICTIM: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS - IF JUVENILE, WRITE "JUVENILE" IN THE NAME FIELD &amp; "AGE" IN DOB FIELD)</b>			
<b>NAME / BUSINESS / AGENCY:</b> <input type="checkbox"/> M <input type="checkbox"/> F		<b>ADDRESS: (TOWN/CITY&amp;STATE ONLY)</b>	
		<b>JUVENILE:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>AGE:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>INJURED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>NAME / BUSINESS / AGENCY:</b> <input type="checkbox"/> M <input type="checkbox"/> F		<b>ADDRESS: (TOWN/CITY&amp;STATE ONLY)</b>	
		<b>JUVENILE:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>AGE:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>INJURED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>NAME / BUSINESS / AGENCY:</b> <input type="checkbox"/> M <input type="checkbox"/> F		<b>ADDRESS: (TOWN/CITY&amp;STATE ONLY)</b>	
		<b>JUVENILE:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>AGE:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>INJURED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>ARRESTED: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS - IF JUVENILE, WRITE "JUVENILE" IN THE NAME FIELD &amp; "AGE" IN DOB FIELD)</b>			
<b>NAME:</b> <input type="checkbox"/> M <input checked="" type="checkbox"/> F		<b>DOB:</b>	
Mary Smith		09/03/1955	
		<b>ADDRESS:</b> 10 Parker St. Ansonia, CT	
<b>CHARGES:</b>		<b>COURT:</b>	
1. Larceny 1st/extortion		GA: 4	
2.		TOWN: Waterbury	
3.		DATE: 11/15/2004	
4.		<b>BOND:</b> <input type="checkbox"/> CASH <input type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA AMOUNT \$: 150000 <input type="checkbox"/> TO BE PRESENTED AT COURT <input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @:	
		<b>INJURED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>AMBULANCE:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>HOSPITAL:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>NAME:</b> <input type="checkbox"/> M <input type="checkbox"/> F		<b>DOB:</b>	
		<b>ADDRESS:</b>	
<b>CHARGES:</b>		<b>COURT:</b>	
1.		GA:	
2.		TOWN:	
3.		DATE:	
4.		<b>BOND:</b> <input type="checkbox"/> CASH <input type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA AMOUNT \$: <input type="checkbox"/> TO BE PRESENTED AT COURT <input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @:	
		<b>INJURED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>AMBULANCE:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>HOSPITAL:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>NAME:</b> <input type="checkbox"/> M <input type="checkbox"/> F		<b>DOB:</b>	
		<b>ADDRESS:</b>	
<b>CHARGES:</b>		<b>COURT:</b>	
1.		GA:	
2.		TOWN:	
3.		DATE:	
4.		<b>BOND:</b> <input type="checkbox"/> CASH <input type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA AMOUNT \$: <input type="checkbox"/> TO BE PRESENTED AT COURT <input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @:	
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<b>NAME:</b> <input type="checkbox"/> M <input type="checkbox"/> F		<b>DOB:</b>	
		<b>ADDRESS:</b>	
<b>CHARGES:</b>		<b>COURT:</b>	
1.		GA:	
2.		TOWN:	
3.		DATE:	
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<b>SUPERVISOR'S APPROVAL REQUIRED: INITIALS:</b> PC <b>ID #:</b> 228 <b>DATE:</b> 11/14/2004			
THIS INFORMATION IS BEING RELEASED TO THE PUBLIC IN COMPLIANCE WITH THE FREEDOM OF INFORMATION LAWS. FOR ADDITIONAL INFORMATION ON MAJOR CRIMES OR ARRESTS, CONTACT THE CONNECTICUT STATE POLICE PUBLIC INFORMATION OFFICE. PHONE: 860-685-8230 FAX: 860-685-8301 TO BE			